

**January 2016 Occupational Medicine committee Clinical Snippet
The Medical Benefits of Work - Dr D Burton McCann, MD, JD, FCFP, FACOEM**

Though the ever-quotable Mark Twain once quipped “Work is a necessary evil to be avoided,” the words of inventor Benjamin Franklin are more likely to resonate with those of us in occupational medicine: “It is the working man who is the happy man. It is the idle man who is the miserable man.”

To put this in a more modern context, consider a description by Dr Gordon Waddell, a researcher at Cardiff University, of the effects of worklessnessⁱ on health:

“... [L]ong term worklessness is one of the greatest risks to health in our society. It is more dangerous than the most dangerous jobs in the construction industry, or [working on an oil rig] in the North Sea, and too often we not only fail to protect our patients from long term worklessness, we sometimes actually push them into it, inadvertently.”ⁱⁱ

Every major medical organization that has explored this issue,ⁱⁱⁱ such as those from the United States, the United Kingdom, and Australia, has reached the same conclusion: On balance, work is beneficial to our health.

In a 2013 policy document, the Canadian Medical Association states: “The CMA recognizes the importance of a patient returning to all possible functional activities relevant to his or her life as soon as possible after an injury or illness. Prolonged absence from one’s normal roles, including absence from the workplace, is detrimental to a person’s mental, physical and social well-being. The treating physician should therefore encourage a patient’s return to function and work as soon as possible after an illness or injury, provided that a return to work does not endanger the patient, his or her co-workers or society.”^{iv}

In a Canadian review of 46 original studies, Jin et al^v demonstrated a strong positive association between unemployment and a number of adverse health-related outcomes, including overall mortality, death due to cardiovascular disease, and death due to suicide.

Swedish Twin Registry^{vi} information on more than 20,000 men and women showed that unemployment was associated with a relative risk of mortality for men of 1.43 with a 95% CI of 0.91 to 2.25, and for women an even higher relative risk of 1.98 with a 95% CI of 1.16 to 3.38.

A 2012 American study^{vii} involving more than 160,000 person years of observation demonstrated the risk of an acute myocardial infarction was significantly higher for the unemployed, with a hazard ratio of 1.35 and a 95% CI of 1.10 to 1.66.

For a comprehensive United Kingdom–focused review of the literature, see also Waddell and Burton’s 2006 treatise.^{viii}

What does this all mean for your practice?

Think of the provision of a sick note as a medical act. Use the same professional rigour you would employ before ordering an investigation, writing a prescription, or performing a procedure.

Consider using “Fit for work with accommodation” where appropriate. As the UK Department for Work & Pensions noted in its September 2015 guidelines, “Doing the right kind of work is good for your health, including if you have a health condition.”^{ix}

Committee members

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i. Being unemployed or economically inactive and in receipt of working age benefits. The Health and Work Handbook. *Occup Med* 2006;56(1):1-2. doi:10.1093/occmed/kqj018

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- ii. Gordon Waddell 2007.
 - iii. United Kingdom (Royal College of General Practitioners, Faculty of Occupational Medicine, Society of Occupational Medicine); Australia (Australian Faculty of Occupational and Environmental Medicine, Royal Australian College of Physicians and 77 other organizations in Australia and New Zealand); United States (American College of Occupational and Environmental Medicine, American Medical Association, American Association of Orthopedic Surgeons)
 - iv. Canadian Medical Association. The physician's role in helping patients return to work after an illness or injury (update 2013). Ottawa, ON: Canadian Medical Association; 2013. Available from: <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD13-05.pdf>. Accessed 2015 Dec 10.
 - v. Jin R et al. *CMAJ* 1995 153:529-540.
 - vi. Nylén L, Floderus B. Mortality among women and men relative to unemployment, part time work, and extra work: a study based on data from the Swedish Twin Registry. *Occup Environ Med* 2001;58:52-57.
 - vii. Dupre M et al. The cumulative effect of unemployment on risks for acute myocardial infarction. *Arch Intern Med*. 2012;172(22):1731-1737.
 - viii. Waddell G, Burton AK. *Is work good for your health and well-being?* London (UK): The Stationery Office; 2006.
 - ix. Department for Work & Pensions. *The Fit Note: A Guide for Patients and Employees*. London; Department for Work & Pensions, September 2015.